



# COMMONWEALTH of VIRGINIA

## Department of Health

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State Health Commissioner

Gary R. Brown  
Director

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### Office of Emergency Medical Services

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### Provider Safety Pledge

As a provider at my organization, I recognize the importance of health and safety in the agency and for the providers, including physical and mental well-being. In order to encourage the development of a healthy, safe, and just culture:

- I will act safely while operating at the agency and on a scene
- I will wear appropriate PPE while operating at an incident scene
- I will practice, support, and encourage safe driving operations
- I will practice, support and encourage seat belt usage, even in the patient compartment
- I will report unsafe practices to my leadership
- I will adhere to my agency's safety plan

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EMS Provider Signature

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Date

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EMS Provider Written Name

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Department



*To protect the health and promote the  
well-being of all people in Virginia.*

[www.vdh.virginia.gov/emergency-medical-services/](http://www.vdh.virginia.gov/emergency-medical-services/)